

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27247

Entity Name: SSSL&T, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

3966 OLD COTTONDALE RD
P.O. BOX 5838
MARIANNA, FL 32447

New Principal Place of Business:

3966 OLD COTTONDALE RD
MARIANNA, FL 32448

Current Mailing Address:

3966 OLD COTTONDALE RD
P.O. BOX 5838
MARIANNA, FL 32447

New Mailing Address:

P.O. BOX 5838
MARIANNA, FL 32447

FEI Number: 59-2466717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCE, JR., WALTER W
2774 INDIAN SPRINGS RD.
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SPENCE, JR., WALTER W DP
Address: 2774 INDIAN SPRINGS RD.
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: STEVENS, WILLIAM L D
Address: 2525 SPRING CREEK RD
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: STEVENS, RONALD L D
Address: 2513 SPRING CREEK RD
City-St-Zip: MARIANNA, FL 32448

Title: DS () Delete
Name: LASH, JAMES W DS
Address: 2816 BAKER STREET
City-St-Zip: MARIANNA, FL 32448

Title: DT () Delete
Name: TATUM, AUSTIN E DT
Address: 1316 WOODGATE WAY
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER W. SPENCE, JR.

DP

01/04/2008

Electronic Signature of Signing Officer or Director

Date